4-144	MARYLAND STATE DEF Division of STATISTICAL RESEARCH AND RECORDS, 301		
FOR STATE	05788 MEDICAL EXAMINER'S		
HEALTH DEBI	b. CITY OR TOWN (If autiside corporate limits, write RURAY and give neorest town) MARYLAND C. LENGTH OF STAY IN 1b	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before od o. STATE Manyland b. COUNTY Talbot C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Easton 201	wn)
	d NAME OF HOSPITAL OR INSTITUTION (II no) in hospital, give street oddress) A NAME OF First Middle	411 GOLDSBORD Street YES	
haurs after de tem 18. Give 1 Office alang w and 2 with the event within 7	Composition	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFT) 2/15/1898 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WH	19 67 UNDER 24 HRS. Ours Min.
d within 24 in pencil in Examiner's File pages 1 and in any	during most of working life avenificating the Road Commission 13. FATHER'S NAME Alie Blades 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Maryland 14. MOTHER'S MAIDEN NAME Frances (heezum NFORMANT Address	
shauld be execute ne ward "pending" ta the Chief Medical burial-transit permit matian, ar remavel	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	Chary M. Blades, Easton, Md.	AL BETWEEN
ficate shauld ing the ward ded ta the Cl as a burial-tro at, cremation,	Conditions, if any, which gove rise to immediate couse (a), staling the underlying couse last. DUE TO Conference here (b) Conference here (c)	it faiture n	1.15
this certifications of farwards be used as to burial, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE STREET OF THE STR	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERI YES Enter noture of injury in Part I or Part II of item 18.)	S AUTOPSY FORMED?
AMINER: TI the certifice our files. ge 3 should b agent, priar	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 20f. (City or town) (County)	(Stote)
L EXA cecute Page far you far you	21. I certify that I took charge of the remains described above, held death resulted from: Notural causes , Accident , Suicident , Suicide	de, Homicide, Undetermined monner CHIEF MEDICAL EXAMINER	my opinion
TO DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained to 0 FUNERAL DIRECTO Health ar its design	SIGNATURE EXAMINER'S NAME (Type) 230. BURIAL, CREMATION, 1230. DATE THEREOF 130. BURIAL Specify 14/23/1967 23c. NAME OF CEMETERY OR CI 130. BURIAL Specify 14/23/1967 130. BURIAL Specify 14/23/1967	MOEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	21-67 (State)
VR A15ME (5) 6M 1/66	BNOXAUSOCH) 4/23/1967 Windy Hill 24 FUNERAL DIRECTOR ADDRESS Maurice E. Nownant Director East	Cemetery Trappe, Md. 260. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 250 REGISTRAR 2	je.

18

Deal of the Control of the

e e e e e

hours after death.

24

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
05789	CERTIFICATE OF DEATH	カ ち727

00.00	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi B. STATE D. COUNTY
TALBOT MARYLAND	MARYLAND Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
RASTON	Easton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDEN ON A FARM
HOUSE IN THE PINES - MASTON	116 Goldsboro YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) FANNIE	BOZMAN DEATH 1 13 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 19. AGE (ID years LIFUNDER 1 YEAR HE UNDER 24 H
FEMALE WHITE WIDOWED X DIVORCED	2/28/1885 last birthday) Months Days Hours MI
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
nousewife	Salone, Md. USA
Joesph C. White	Willia A. (unkn)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
no 220-01-2986	J. Carlton Bozman, 116 Goldsboro s
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: Sepsio due to e	Therein subcutoneaus ensetter & wedle
698X	
	nterioschula renal Deaun 6 months
gave rise to immediate	
cause (a), stating the	COLUMN TO SERVICE AND ADDRESS OF THE PERSON
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
A O · O · O ·	PERFORMED
2Da. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of Injury in Part Vor Part II of Item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBU	AREO, (circle liature of injuly in Part Vol Part II of Item 20.)
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State
S Mulle - Mot Mulle -	ry, street, office bldg., etc.)
	1/1 Let 20/6 = 14 ab - 10 C7 shot (1) (wa) 1
The state of the s	death pocurred at 2.5 M, from the causes and on the date stated abo
saw the deceased alive on 12 apr 19 67, and that	death pocurred at 2 M, from the causes and on the date stated and
TI X ().	ATTENDING MED. STAFF STAFF
Alephin Clarried M.D	. PHYS. DIRECTOR PHYS.
PHYSICIAN'S Stephen P. Carney, M.D.	P.O. Box 929, Easton, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
burial 4/15/6 Spring Hil	Togton MA
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 250, REGISTRAP'S SIGNATURE
Land House 1 + H Freton M	d. APR 18 1967 Charles Judge
Cum millenbecin il Guarail)	DATE

THE THE T - 2881/85/3 ELECTRON BUILDING _____L and F Mainul .- Tille the content of the property of the transfer of the English passed, the self, brighted are, are a design, i.e. A TOTAL TOTAL The state of the s

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. shauld 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND QUEEN b. CITY OR TOWN HE authide corporate limits, write \$1846 e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) d. NAME OF HOSPITA OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO M 0 NAME OF 4. DATE Middle First Lost Year DECEASED OF (Type or print) DEATH 196 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (8. DATE OF SIRTH Months Days Hours WIDOWED IT DIVORCED | 11. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF SUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which muve rise to immediate couse DUE TO 36 min (a), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES M 20g. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, | 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, affice bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection ond find that death resulted from: Natural causes , Accident , Suicide . Undetermined couse Homicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 20 ASSISTANT MEDICAL EXAMINER forwarded i EXAMINER'S DEPUTY MEDICAL EXAMINER DE NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOI 22d. LOCATION (City, town 22c NAME OF CEMETERY OR CREMATORY 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

Page 4 may be retained by the haspital or

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Tal bot c. CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES 🗍 NO F Day Year April 8 67 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? US Address Oxford. INTERVAL BETWEEN ONSET AND DEATH

> 22b. DATE SIGNED Easton, Md,

> > 23d. LOCATION (City or Town)

Screamersville,

23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. DATE THEREOF REMOVAL (Specify) Abril 18. Screamersville burial 24. FUNERAL DIRECTOR Dashiell **ADDRESS**

Funeral Hhame

2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

(County)

(County)

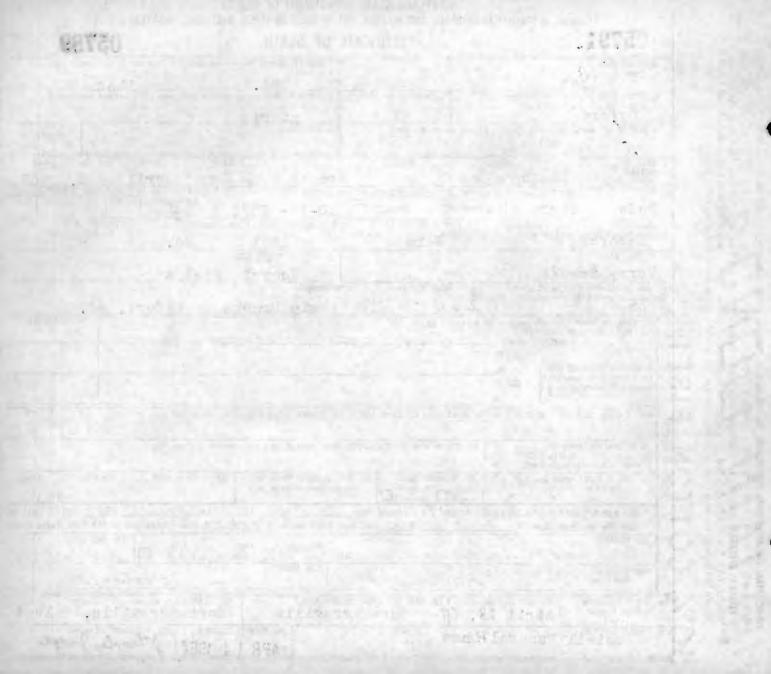
19. WAS AUTOPSY PERFORMED?

NO

(State)

(Stote)

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05792 CERTIFICATE OF DEATH death. pup 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages I and 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY hours after TALBOT MARYLAND MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) write RURAL and give nearest town) UR. EASTON EASTON carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address e. IS RESIDENCE ON A FARM? d STREET ADDRESS S. WASHINGTON SIL NO X 3. NAME OF First Middle 4. DATE Last Doy Year and completely DECEASED OF DEATH 1967 RUDOLPH APRIL (Type ar print) STOCKSDALE BROWN IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years YEAR NEVER MARRIED attending physician and com sermit. Then please remave last birthdoy) Months Days Hours ar remayal, and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) INDUSTRY GAPLANT. ABRIC AFRICULTURE AGENT 14. MOTHER'S MAIDEN NAMI 13. FATHER'S NAME COCHELLE STOCKSDALE BROWN RUDOLPH WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes (na) or unknown) (If yes give wor or dates of service) BROWN, EASTON, MD. burial, crematian. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit g PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO has been stating the underlying cause Page 4 may be retained by the haspital ar attending director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Lone NO O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, fgrm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (County) (State) Hour a.m. foctory, street, office bldg., etc.) Not While at wark at work , 1963, to 4-19 21. I certify that (I) (this haspital) attended the deceased fram_ , 1967, that (I) (we) last 9-30 1967, and that death accurred at 10 30 PM, from causes and an the date stated above. saw the deceased alive an. 22n SIGNATURE 22b. DATE SIGNED STAFF PHYS. Robert W. Trever **ATTENDING** MED. DIRECTOR 4-20-67 M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert W. Trever Md. Easton RD3 236. BURIAL CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Specify) ST. LUKE'S CEMETERY BROWNSVILLE 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 95793 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ---MARYLAND on papers. Pages within 72 haurs off b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 16 CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town filled in IS RESIDENC d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address ON A FARM NO X YES and completely fi 3. NAME OF 4. DATE OF Month Doy Year Lost DECEASED DEATH 19 (Type or print eose remove call and intoniverent IF UNDER 24 HRS IF UNDER YEAR AGE (In years S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED girthdoy) Months Hours 12. CITIZEN OF WHAT 100 JSJAL OCCUPATION-IG ve kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired INDUSTRY 670 N 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, cremation, or removal, 16. SOCIAL SECURITY NO INFORMAN' WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes give wor or dates of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) signed by the buriol-tronsat p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o) DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending has been Heolth prior to far use as the lost. 19. WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO this certificote 200 ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Stote Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg , etc.) Hour o.m While Not While at work at work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram, director, page 3 should should be filed with the 1967, and that death occurred at 1/0 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23d. (County) (Stote) 6 N FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRES**



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95794 05792 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) a. COUNTY b COUNDOrchester o. STATE Maryland MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Federalsburg - Rural min e is RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? Near Zion YES X NO NAME OF 4. DATE Day Year DECEASED (Type or pont) OF DEATH 196 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS S SEX 7, MARRIED DATE OF BIRTH **NEVER MARRIED** (ast burthday) Months Haurs White June 13,1906 Male WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)
Farmer and Bro Grower COUNTRY Caroline Co. . Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar removal Charles W. Dean Amanda Nichols 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, awinknawn) (If yes give war at dates at service) Bernice H. Dean. Federalsburg. Md. 213-03-0793 INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit p PART | DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) sigmed by DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the priar ta the haspital or attending last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NÔ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INBURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Hour 'a.m. factory, street, affice bidg., etc.) at wark 21. I certify that (I) (this hespital) attended the deceased from 1967, that (1) (we) last b≡ retain≡d 19 67 M, from couses and on the date stated above sow the deceased alive on... , and they death occurred at 22o. SIGNATURE STAFF M.D. director, page shauld be filed 22c PHYSICIAN'S NAME (Type) 22d ADDRESS shauld 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BUR AL CREMATION. Apr. 22.1967 Hill Crest Cemetery Federalsburg. Maryland 24. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH after death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Talbox the Manuland. MARYLAND b. CITY DR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours months Michaels ohman Ξ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled i d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within YES NO K within completely NAME DE Middle DATE Month Last Day Year DECEASED DF event, Haddayay (Type or print) DEATH 190 executed 5. SEX 6. COLOR RACE 7. MARRIED DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours male WIDOWED T DIVORCED [10a. USUAL DCCUPATION (Cive kind of work done) 10b. KIND OF BUSINESS OR ■hysician in please r 12. CITIZEN DF WHAT (County & State, or foreign country) certificate be during most of working life, even if retired) and INDUSTRY COUNTRY? Waterman.

13. FATHER'S NAME Talbox Marulano 14. MOTHER'S MAIDEN NAME attending ∎h ¤rmit. Then гетоуа Alexander B. Haddavai Martha Schu 16. SOCIAL SECURITY NO. transit permit, cremation, or n 17. INFORMAN Address Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), and (c).] INTERVAL BETWEEN burial-transit burial, crema DNSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed DUE TO Cenditions, If any, which peen gave rise to immediate the DUE TO cause (a), stating the prior 1 underlying cause last, has (0) O PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY this certificate CERTIFICAT PERFORMED? YES ND PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached fi DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. While After Not While at work at work be retained D 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lifed with the 2, that (I) (we) last saw the deceased alive on and that death occurred at/ PM, from the causes and on the date stated above. SKAJATURE DATE SICNED 22a. 22h. page ATTENDING M.D. PHYS DIRECTOR PHYS Page 4 may HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS irector, phonological should BURIAL, GREMATION CREMATORY 23a. 23b. 23c. LOCATION (City, town or county) (State) 0 REMOVAL (Specify) nhman Buria 24. FUNERAL DIRECTOR REC'D BY RECISTRAR L RECISTRAR'S SICNATURE VR 415 (4) 20 M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35796 05794 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY b COUNTY. (ALBOT MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparate emits, write RURAL and give negrest town). TOWN (If autside carparate limits. ely fifled in by the ban papers. Page , within 72 hours a write RURAL and give nearest tawn) S RESIDENCE ON A FARM? d STREET ADDRESS YES NO F carban NAME OF Middle DATE physician and completely en please cemave carban DECEASED (Type of print) DEATH AGE (in years IF LINDER I YEAR IF JNDER 24 HRS S. SEX DATE OF BIRTH 7 MARRIED **NEVER MARRIED** last birthday) Months ue 24, 1893 WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT andin 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY AMBOI NURSE 13. FATHER S NAME MOTHER'S MAIDEN NAME ar remaval WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, not ar unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN cremat ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) 4200 signed l **DUE TO** Conditions, if ony, which gave 3 rise to immediate cause (a), DUE TO stating the underlying cause the haspital ar attending this certificate has been 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO. 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 1) of item 18.) detached for te Dept. af P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, farm, (City or fown) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (County) (Stote) Haurio.m. factory, street, affice bldg., etc.) at wark 21 I certify that (I) (this haspital) offended the deceased from 19 19 ..., that (I) (we) las _, ta_ be retained and that death accurred at 12 Pa M, from causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22b DATE SIGNED 22g. SIGNATURE STAFF 4/11/67 Korrent W. never DIRECTOR directar, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Robert W. Trever M. D. Easton, Maryland NAME (Type) 230 BLR AL CREMATION 23c MAME OF CEMETERY OR CREMATORY 23d- LOCATION (City or Town) 23b DATE THEREOF (State (County) REMOVAL (Specify) 2Sa REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DARRETOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05797 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeralt-director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any parent, within 72 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY TALBOT MARULAND MARYLAND TALBOT requires that the death certificate be executed within 24 hours often b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) write RURAL and give nearest town) URAL: ROUAL DAK years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES [NO 🖂 NAME OF First Middle 4 DATE Month Year Lost DOY DECEASED 0F ANNE 19 6 APR (Type or print) OHNSON HILGENBERG DEATH lost birthdoy) S. SEX 6 COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** Manths Doys Hours 28,1912 WIDOWED DIVORCED 0 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY NEW YORK, NEW YORK HOUSE WIFE WHID: HOME 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME 10 HNSON EDNA CRAWFOR WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) EDWARD HILGEN BERG ROUBLOAK, MP CAUSE OF DEATH (Enter only one cause per line fo INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Page 4 may be retained by the hospital or ottending physician. DUE 10 Canditions, if any, which gove (b) rise to immediate cause (a), DUE TO stoling the underlying couse last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year (City or Town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) Not While of work L ot work 21. I certify that (I) (this haspital) attended the deceased from 1966, to M, fram causes and an the date stated above. saw the deceased alive an. and that death accurred at 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S IHURSTON HARRISO N NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) 1967 WASHINGTON CEDARHILL (REMATORY APR 1 1 15 25b REGISTRAR S SIGNATURE 24. FIINERAL DIRECTOR VR A15 (4) Ochanles

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35798 05796 CERTIFICATE OF DEATH death. pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o STATE Maryland b. COUNTY Talbot MARYLAND hours after b CITY OR TOWN (if outside corporate limits C/LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and ove negrest town) write RURAL and give necrest town) Chester OR INSTITUTION (If not in haspital diverstreet address) d STREET ADDRESS 6 IS RESIDENCE ON A FARM? Dane TO SECOND YES NO F Harbor View NAME OF Middle The law requires that the death certificate be executed with 4. DATE Month Year DECEASED CLARA HOBBS BFLLE camplete 196 COL event. (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH IF UNDER **NEVER MARRIED** avp 10st birthday) Months Hours Min. Dovs Female White 4-4-1893 and in any WIDOWED DIVORCED and 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician a en please during most of working ife, even if retired) INDUSTRY Maryland Housewife
13. FATHER S. NAME 14 MOTHER'S MAIDEN NAME ar remaval George M. Basford Mary J. Specht affending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 22e1bb& Chester (Yes, no, or unknown) (If yes give wor or dotes of service) 218-18-2393 Mrs. Alice E, Cookerly, Harbor View, Md. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) ò DUE TO signed burnal Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse 1961 as the the haspital ar attending been lost 19. WAS AUTOPSY Fas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Health YES NO certificate PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bidg., etc.) White Not While Ö of work of work OR ATTENDIN 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 6 M. 19____, that (I) (we) last Page 4 may be retained b FUNERAL DIRECTOR: A saw the deceased alive an A. from causes and an the date stated above 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF Rage director, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN S O HOSPITAL NAME (Type) 230 BUR AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Howard County, Maryland 4-13-1967 Good Shepherd Cemetery 9 ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 21229 Howard H. Hubbard, 4107 Wilkens Ave. 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 115797 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral and 1 PLACE OF DEATH 2 LISUAL RESIDENCE (Where deceased lived of institution. Residence before admission) p. COUNTY o. STATE b. COUNTY filled in by the fun papers. Pages 1 if thin 72 hours after a MARYLAND Maryland Queen Anne CLENGTH OF STAY IN Th c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate imits write RURAL and give nearest town) Price B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled NO DE YES NAME OF Middle 4. DATE 000 Lost Doy Yeor completely DECEASED QF DEATH 19 Corl (Type or print) IF LUNDER 24 HR IF UNDER 1 YEAR 6 COLOR OR RAGE NEVER MARRIED B. DATE OF BIRTH AGE (In years 7. MARRIED remaye last birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED Oct.7-1894 and in any рuo IDo USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12 CIT ZEN OF WHAT during most of working life, even fret red) INDUSTRY COUNTRY? physician (Maryland Cannery IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Mary Merchant Charles Jewell IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service 17 INFORMANT 16. SOCIAL SECURITY NO Mrs. Harry Jewell--Price. Maryland 216-09-9026 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burial-transat PART I DEATH WAS CAUSED BY -ONSET AND DEATH IMMEDIATE CAUSE (6) **DUE TO** signed buriol. Conditions, if any, which gove rise to immediate couse (o). **DUE TO** stating the underlying couse ar attending as the priar to last. (c) 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) NO certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) by the hospital OR CONTRIBUTING CIT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour am. factory street, office bldg., etc.) While Not While ot work TO FUNERAL DIRECTOR: After of work 1967), that (1) (we) last 21, I certify that (1) (this haspital) attended the deceased from 1 was be retained sow the deceased alive on Cto 24 _, and that death accurred at 🗸 🚉 _M, from couses and on the date stated above. 100 220 SIGNATURE 226 DATE SIGNED ATTENDING PHYS M.D. DIRECTOR PHYS. director, page should be filed 22c PHYStCIAN'S 22d ADDRESS John R. Smith Centreville, Maryland NAME (Type) should NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) Sudlersville Sudlersville. Maryland **EUNERAL DIRECTOR** VR A15 (4) 25M 1/67 DATE



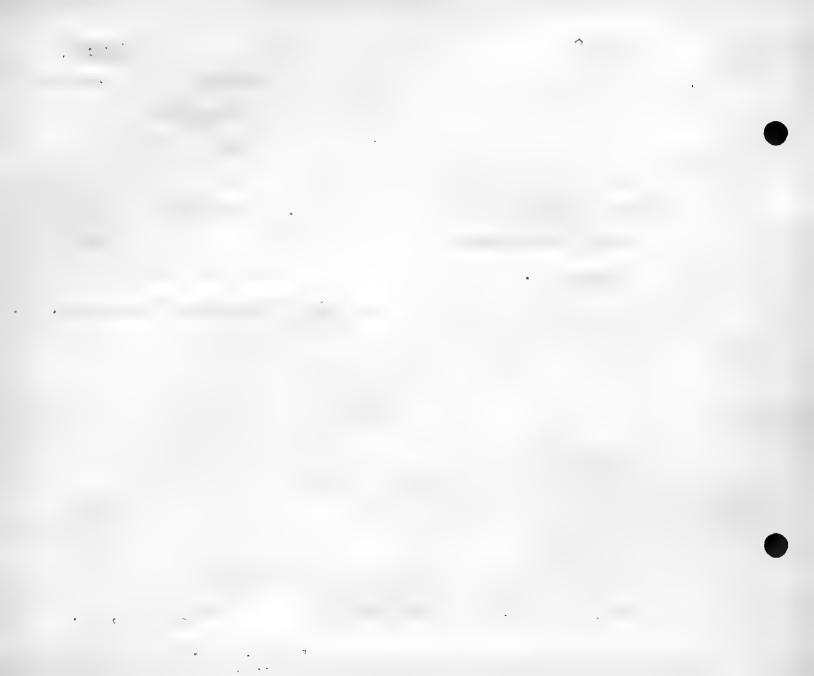
RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) COUNTY b, COUNTY Talbot Talbot Marvland MARYLAND tyd and b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) within 24 write RURAL and give nearest town) Life St. Michaels St. Michaels d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Talbot St .. completely YES NO. papers. 72 NAME OF 4. DATE Middle Month DECEASED carbon p (Type or print) DEATH WILLIAM BROOKS JOHNSON April 17. 19 67 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. Pue 8. DATE OF SIRTH last birthday) Months death certificate Male Nov 14, 1898 WIDOWED [DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF SUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Seafood Talbot County, Maryland USA Crab picker please 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending William Johnson Mary Eliza Wooters Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (ffyesgive werer dates of service) physician. Mrs. William B. Johnson, St. Michaels, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 signed IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO affending peen Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying certificate ha cause last. the hospital or Se G PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPS CERTIFICATION 0 PERFORMED? prior YES NOC 20a. ACCIDENT WAS UNDERLYING P 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) detached for t. of Health After this OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c, TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year 2Df. (City or town) (County) (State) factory, street, office bldg., aic.) Not While Hour am While DIRECTOR at work at work 21. I certify that (I) (this hospital) attended the deceased from. C. M, from the causes and on the date stated above. and that death occurred at. saw the deceased alive on. 22b. DATE 22a. SIGNATURE ATTENDING MED. HOSPITAL FUNERAL page with th PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, filed GUY M. REESER. Jr. M. St. Michaels, Mazyland 23d. LOCATION (City, lown or county) 230. SURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY S. g. Z REMOVAL (Spacify) Thomas Memorial Cemetery 1967 St. Michaels, Maryland FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D SY REGISTRAR | 25b, REGISTRAR'S SIGNATURE VR A15 (4) 20M S-63



1	DIVISION	MARYLAND STATE DEPA OF VITAL RECORDS, 301 W. PRESTO		MARYLAND 21201	
M	05801	CERTIFICATE		05799	
requires that the death certificate be executed within 24 hours after death a physician a signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I and a burial, cremation, ar remayal, and any event, within 72 hours after death	PLACE OF DEATH O COUNTY TAILO 7	MARYLAND its. C LENGTH OF STAY IN 16	2 USUAL RESIDENCE (Where of STATE Md	P CONNA ,	3
hours at n by the s Page hours a	b (HY OR TOWN (If outside corporate lim write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION, (If	/	Chester d STREET ADDRESS	orporate hmits write RURAL and give nearest tawn	ESIDÊNCE A FARM?
filled i paper hin 72	MEMORIA	L HOSPITAL		YES	NO 3 ¢
pletely carban ent, wit	3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE	liver Lee	Kitowan 4. D Kitiman D DATE OF BIRTH	EATH 4 28	Year 19 67 DER 24 HRS.
end com	Mole White	7 MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 0 e 106 KIND OF BUSINESS OR	8/23/83	lost birthday) Months Days Hou	rs Min,
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g phys Then p maval	Unk				
ittendin ermit. n, ar re	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give wor or dotes Yes.	? 16. SOCIAL SECURITY NO. 17 III	Family	Address Seme	
y the a insit pe	18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY IMMEDIATE CAUS	מיי מ	nonia	INTERVAL ONSET AN U-22-	BETWEEN D DEATH - (c')
has been signed by se as the burial-tra	Cond't ons, if ony, which gove	E TO (b)			
nos peen sig se as the bu h priar to bu	rise to immediate cause (o), stating the underlying cause last.	(c)			
use as alth pric	PART I OTHER SIGNIFICANT CONDITIONS ECOLOGICAL CONTENTS PART I OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION		UTOPSY RMED? NO
Dept. of Health	Cerebral and 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I o	or Port II of #em 18)	
detached te Dept. a	20c TIME OF INJURY Month, Doy, Yeor Hour o.m.	While - Not While - focto	E OF INJURY (Home, form, ory, street, office bldg, etc.)	20f. (City or town) (County)	(Stote)
R: After thuld be de the State	21. 1 certify that (1) (this has saw the deceased alive an_		death accurred at 5	ta, 19, that (I) M, fram causes and on the date stat	(we) last ted abave
IRECTO 9 3 sho sd with		W. Trever M.D	11110	OR STAFF 226 DATE SIGNED	
Page 4 may be retained by the haspitat ar 2 FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. at Heals	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us, should be filed with the State Dept. of Health	230 BURIAL CREMATION, REMOVAL (Specify) 23b DATE T	hereof 23c Name of Cemetery or C 67 Balto Natl	REMATORY 23	d LOCATION (City or Town) (County) Baltimore Md	(State)
R A15 (4)	24 FUNERAL DIRECTOR Mc Cully F. H.	V37 Polaresue ar	250 REC'D BY RI	GISTRAR 256 REGISTRAR'S SIGNATURE 1967 JChowles Jude	此
		2/-	V V/S		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH oan papers. Pages I and S within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) o COUNTY b. COUNTY Careline MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after in by In. Pages b CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give pearest town) Templeville A-57 d. NAME OF HOSPITAL OR INSTITUTION S RESIDENCE ON A FARM? (If not in haspital, give street address) d STREET ADDRESS filled None YES NO NAME OF 4 DATE Manth DECEASED (Type or print) DEATH S. SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED 88 yrs. Months remove Days White Nev. 16,1878 Male WIDOWED TO DIVORCED and theny 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT during most of warking the even if retired)
Retired Store INDUSTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME remaval, James V. Knetts Katherine Cooper 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service) Ö 213-50-6114 Miss Nell Knetts Templeville, Md IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(g) ad for use of Heaith (CERTIFICATION NO 20o ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e PEACE OF INJURY (Hame, form (City or town) (State) (County) Hour o.m. factory, street, office bldg., etc.) Not While at work 21 I certify that (1) (this haspital) attended the deceased from I the deceased from ______, 19 _____, ta______, 19 _____, that (I) (we) last table 2, and that death accurred at ______, M, from causes and an the date stated above 19 . that (1) (we) last saw the deceased alive and 220 SIGNATURE 22b DATE SIGNED ATTENDING STAFF PHYS. MD PHYS director, page should be filed 22c PHYSICIAN'S NAME (Type) 22d 23c NAME OF CEMETERY OR CREMATORY 23a BURIA, CREMATION, 23d. LOCATION (City or Town) (County) (State) Templeville BEMOVAL (Specify) 5-2-67 Templeville, Md. 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05803 CERTIFICATE OF DEATH and 2 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and o. COUNTY USUAL RESIDENCE (Where deceased lived, if institution b. COUNTY a STATE Caroline MARYLAND papers Pages 1 hin 72 hours after b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Federalsburg, Md. d STREET ADDRESS ... d NAME OF ROSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENC ON A FARM filled S. Main Street YES NO DE NAME OF DATE Doy Year DECEASED (Type or pont) DEATH 19 6 IF JNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS 9 AGE (In years 6 COLOR OR NEVER MARRIED Months Days in any 6 Jan. 23. 1931 fem. white WIDOWED 12 CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (County & State, or fareign country) 1Da USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired)

poultry plant INDUSTRY Md. employee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William E. Wright Caroline Wotten 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dates of service) 늉 215-26-5952 Arthur H. Lord Federalsburg, Md: 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH CARCINOMATOSIS IMMEDIATE CAUSE (a) DUE TO CARCINOMA OF CERUIX, METASTATIC Conditions, if any, which gove) rise to immediate cause (a), DUE TO stating the underlying cause has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MED CAL 2De PLACE OF INJURY (Home, form, (City or town) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Not While Hour a.m. factory, street, affice bldg., etc.) While ot work 21 I certify that (1) (this hospital) attended the deceased from april . 19€ 7, that (I) (we) las saw the deceased alive on april 16 1967, and that death accurred at 16 M, from couses and on the date stated above 22b. DATE 5 GNED 22a SIGNATURE MED DIRECTOR STAFF director, page 3 shauld be filed v M.D 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) John A. Hawkinson Easton, Maryland M. D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) REMOVAL (Special) 250 REC'D BY REGISTRAR 256 REGISTRA 4/19/67 Bloomery Cem. 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

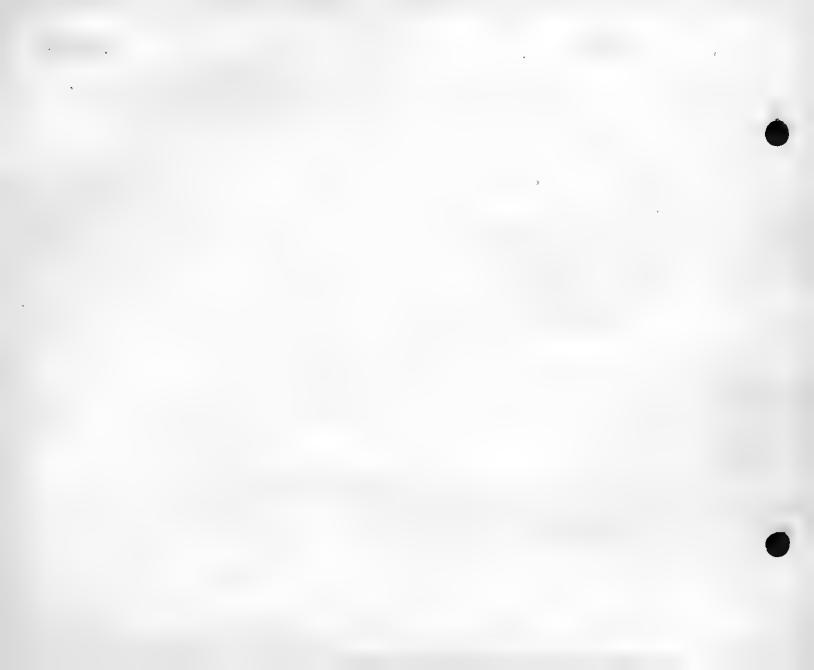


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05804 CERTIFICATE OF DEATH 24 hours after deatill 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. STATE b COUNTY a. COUNTY. Maryland Dorchester please remove corbod papers. Pages I , and in any event, within 72 hours after MARYLAND b, CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hurlock IS RESIDENCE ON A FARM? filled in d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO E YES within Middle McGLOTTEN Lost DATE Manth Day Yeor 3 NAME OF ond completer t remove corboo JAMES HENRY DECEASED OF 19 (Also / ROCOTATA DEATH requires that the death certificate be executed IF UNDER YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (in years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Manths Howrs March 31,1967 Doys Male Negro DIVORCED WIDOWED puo 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 10g, USJAL OCCUPATION (Give kind of work done COUNTRY? please during most of warking life, even if refired) INDUSTRY attending physician permit. Them please Easton, Maryland USA None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremotion, or removo James H. McGlotten Joyce T. Fletcher 16. SOCIAL SECURITY NO 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates of service signed by the attending buriol-transit permit. James H. McGlotten, Hurlock, Marvland None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c)) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspital or attending physician. DUE TO Canditions, if any, which gave rise to immediate cause (a) DUE TO stating the underlying couse has been s os the prior to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use CERT FICATION State Dept. of Health NO YES this certificate ٥ 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Manth, Doy, Year factory, street, affice bldg , etc.) Hour a.m. Not While at work of work FUNERAL DIRECTOR: After irector, poge 3 should be d 21. I certify that (1) (this haspital) attended the deceased fram________ and that death accurred at 10 4 M, fram causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o SIGNATURE ATTENDING MED. DIRECTOR director, poge 3 should be filed v PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 230 BURIAL, CREMATION REMOVAL (Specify) San Domingo Cemetery April Near Sharptown **ADDRESS** 250. RECTO BY REGISTRAR APR 1 1967 FUNERAL DIRECTOR VR A15 (4) eduralsome 20 M 1/66

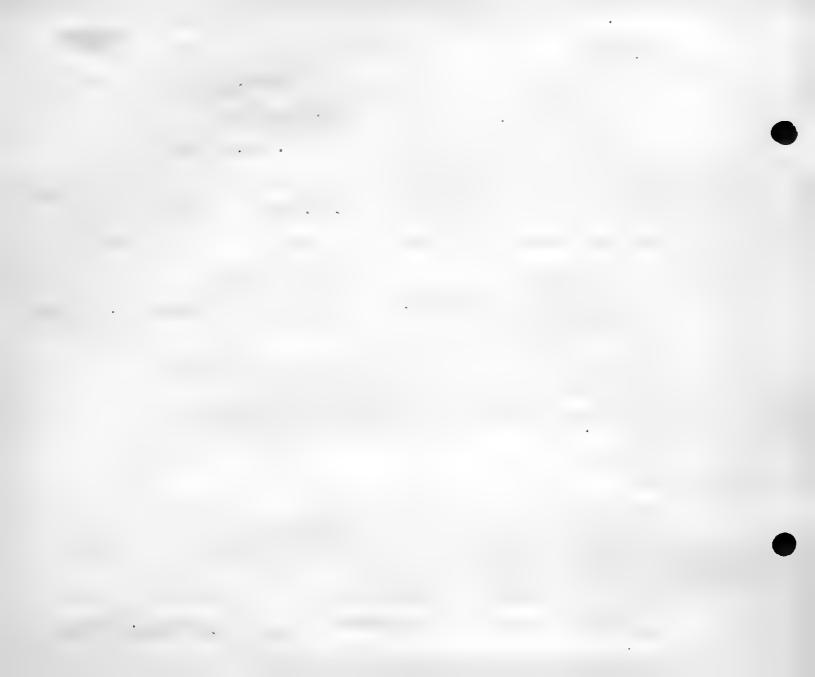
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05805 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town LGHMAN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 15 RESIDENCE ON A FARM2 within 72 TEMOVIAL NAME OF Middle First 4. DATE Lost Month .Doy DECEASED 0F Mortiner 19 67 DEATH 22 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (n years 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT SEAFOOD during most of working life, even if retired) COUNTRY? TALBOT 13. FATHER'S NAME DWIN RTIMER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dates of service 5 B. MORTIMER TILGHMAN 18. CAUSE OF DEATH (Enter only one couse per line PART 1, DEATH WAS CAUSED BY: for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) **505.10** Conditions, if any, which gave rise to immediate couse (a). DUL TO stoting the underlying couse os the prior to has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS CATION PERFORMED? the State Dept. of Health NO F this certificate ö 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) 200 ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Stote) 20c TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While of work 21. 1 certify that (1) (this haspital) attended the deceased from 19___, that (I) (we) last saw the deceased alive an 7 and that death accurred at from causes and on the date stated above. 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFE director, page 3 should be filed v M.D PHYS DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS O HOSPITAL NAME (Type) 230. BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) EMOVAL (Specify) ST JOHN'S CEMETER Y 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Minter Judge DATE AD



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH **ე5806** within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) Matery-filled in by the funeral carban papers. Pages I and b. COUNTY a. COUNTY MARYLAND CITY OR TOWN (if outside corporate CLENGTH OF STAY IN 16 CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) event within 72 hours at write RURAL and give nearest-town Greensbore e IS RESIDENCE ON A FARM? d. STREET ADDRESS (If not in hospital, give street address) d. NAME OF HOSPITAL OR INSTITUTION Main Street NO 3 YES 📑 carban 3. NAME OF Middle 4. DATE Month Year First Last Day DECEASED (Type or print) DEATH 19 AGE IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH r veors COMP 6 COLOR OR RACE 7 MARRIED NEVER MARRIED please remave Inst birthday) requires that the death certificate be execut Manths Dovs Haurs burial, cremation, ar removal, and in any DIVORCED WIDOWED and 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) INDUSTRNOne USE COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER 5 NAME Record No Record attending p 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na runknown) (If yes give war ar dates of service 220-01-5240 Lilly Murphy Greensboro. Maryland INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (g), (b), ond (c)." signed by the burial-transit p AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the priar tal this certificate has been lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CATION for use of Health NO 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, affice bldg . etc.) Haur a.m. While Nat While of work 21. I certify that (1) (this haspital) attended the deceased fram. directar, page 3 shauld shauld be filed with the O FUNERAL DIRECTOR: saw the deceased alive an and that death accurred at le 右 M. fram causes and an the date stated above 22b. DATE SIGNED 220 SIGNATUR 8 Mule M.D PHYS PHYS. 22d ADDRESS 22c PHYSICIAN S NAME (Type) Carte 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) BURIAL CREMATION 23b DATE THEREOF (County) Greensbore 24.1 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



1	LU	On 200 Film 200 2-1-0 MARYLAND STATE DEPARTMENT OF HEALTH
EUD GIATE		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
HEALTH DEDE		35807 MERICAL FIRAGES PASSET FICA CO DEATH 05805
- 0 N	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where decested lived, if institution: Residence before edimission) e. COUNTY
2 2 2 2 1 X	1/	TALBOT MARYLAND STATE MARYBOND 6. COUNTY TALBOT
men men	1	b. CITY OR TOWN (if autside corporete I m ts, write RURAL and give neerest town) c. C.TY OR TOWN (if outside corporete I m ts, write RURAL and give neerest town)
Aparth,	1.	EASTON DOA EASTON :
		d NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address, d STREET ADDRESS e. IS RESIDENCE ON A FRAM?
fur.	1	NEMORIAL HOSPITAL SOUTH ST.
E (1) +1 14	J.	NAME OF DECEASED HENRY MURRAY 4. DATE Month Dev Yeer APRIL 10 67
th. If a the be re hours hours		DEATH 19
deal wit	٥.	SEX 6. COLOR OR RACE, 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours I Min.
F 20 2 E	100	WIDOWED DIVORCED 4-14-1938
with	de	one during most of working l'ie, even if retired)
hour age: 3. P. 3. P. yes	12	laborer Farm Maryland USA
PW.	1.0	14 WOLLAND A WOLLD LINE
FE SE FE	15	Wendall Murray Gertrude Johns . WAS DECEASED BY FR IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address
d will 18. th for mit. nd in	{Y:	es, no, or unkown) [(ityesgive werordeles of service)
Liter with a liter par		no Wendall Murray Easton Md. 18. CAUSE OF DEATH [Enter only one couse per line for [e] (b) and (c).]
e execution in along along the francial emove		PART I, DEATH WAS CAUSED BY.
L 0 0 _ ~ ,		IMMEDIATE CAUSE (6) G. S. W. CHEST
iould by in pe		Conditions, if any, which \ (b)
ng" r's (gove rise to immediate cause
icate andi ine ine id a		(a), sleting the underlying Course lest.
"perhifi	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
vord cal I	CERTIFICATION	PERFORMED? YES NO N
T in the distriction of the dist	ETE.	20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING
INE I	_	CAUSE OF DEATH. SHOT WITH 12GA. SHOTGUN - Wille, attempting to rob Tab
Chii	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. IN.URY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20t. [City of lowh] (Stele) Hour a.m. WhileNot While + lactory, street, office bldg., etc.,
EXAMINER to writing the writing the Chief W. R. Page 3 sk agent, prior to water the control of t	X.E.	11:35P. 4-10-67 of work I at work NEAR EASTON IN STORE TALBOT MD
d a local		21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
ale CEC		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
DIR		CHIEF MEDICAL EXAMINER
EAL.		SIGNATURE JOHN WILLY M.D. ASS STANT MEDICAL EXAM.NER DATE SIGNED
UTY d be d be EERA or its		EXAMINER'S FOR DEPUTY MEDICAL EXAMINER X 4-11-67
lease exect should be FUNER/	224	NAME (Type) **VELTY Address (Street, city, fown, or country) B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country) (State)
0 0 4 0 ± V		burial Trappe Trappe Md.
H H	23	FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME 5M 1/62		Dashiell Funeral Home- Easton, Md. DAIAPR 26 1967 golden Judge
+		The state of the s



VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05809 CERTIFICATE OF DEATH funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b Chueen Anne o. STATE Maryland MARYLAND requires that the death certificate be executed within 24 haurs after oon papers. Pages I within 72 hours after completely filled in by the t b CITY DR TDWN (If outside corporate timits, E LENGTH DE STAY IN 16 c CITY DR IDWN (If outside corpgrate limits, write RURAL and give nearest town) write RURA, and give pearest town Rural Stevensville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? NO X YES event with NAME OF DATE Month Day Year DECEASED OF (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6 CDLOR OR RACE DATE OF BIRTH 9. AGE (in years IF UNDER 24 HRS. NEVER MARRIED 82 pirthday) Manths Hours Male White WIDDWED DIVORCED 1884 Aux.4. puo please rem burial, crematian, ar remayal, and in an 10a US., AL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Retired merchant UNDUSTRY COUNTRY? the attending physician sit permit. Then please Shopping Center Milton, Penna. USA 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME William Rombach Faux IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates at service) 220044-1059 Mrs. Rombach -- Stevensville. INTERVA. BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if only, which gove (b) rise ta immediate cause (a). DUE TO stating the underlying couse has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta last PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERRORMED? NO FUNERAL DIRECTOR: After this certificate irectar, page 3 should be detached far us 20g ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg, etc.) at wark . gt work 21. I certify that (1) (this hospital attended the deceased from , 19___, that (I) (we) lost or to. and that death accurred at ? 12 M, fram causes and an the date stated obave sow the deceased alive on 22o. SIGNATURE 22b._DATE SIGNED ATTENDING STAFF PHYS M.D DIRECTOR PHYS 22d. ADDR 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g BURIAL, CREMATION 23b. DATE THEREO (County) (State) Moreland Memorial Park REMOVAL (Specify) Baltimore VR A15 (4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 Film #G I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and papers. Pag hin 72 hours o write RURAL and give peercalstown OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs Ξ d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? filled YES NO NAME OF remove corbon Middle 4 DATE Last Year completely DECEASED OF (Type or print) DEATH SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Days Hours WIDOWED DIVORCED and in any ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retized) COUNTRY 2 signed by the ottending physicion hurial-tronsit permit. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME bursol, cremation, or removal. 17. INFORMANI 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dates of service 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or ottending physician. DUE TO Conditions, if any, which gave (b) rise to mmediate cause (a). DUE TO stating the underlying couse as the this certificate has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPSY PERFORMED? Heolth p 20o. ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Menth, Doy, Year 20d INJURY OCCURRED 20f. (City or town) (County) (State) Hour 'o.m. foctory, street, office bldg , etc) Not While at work 196/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from \sqrt{C} 1965 to 1967, and that death accurred of 230 PM, from causes and on the date stated obove O FUNERAL DIRECTOR: saw the deceased alive 22g SIGNATURE 226. DATE SIGNED director, page 3 should be filed v M.D. PHYS 22c PHYSICIAN'S **ADDRESS** O HOSPITAL NAME (Type) should BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 146 24 FUNERAL-DIRECTOR VR A15 (4) 25M 1/67 DATE



95811	CERTIFICATE	OF DEATH	กรร	รคอ	
1. PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corporate into	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	ceosed lived, if institution: Reside b COUNTY 7a	lbot	
d NAME OF HOSPITAL OR INSTITUTION (IF	S for None of the street oddress)	c . /	rural)	e is residence on a farm yes no	
3 NAME OF DECEASED (Type or print) / CS//C S SEX 6 COLOR OR RACE Female white	First Middle 7 MARRIED NEVER MARRIED B	AR DATE OF BIRTH 6/3/1966	1.1-	Day Year 2 1967 1 YEAR IF UNDER 24 HRS. Doys Hours Min	
10o US_AL OCCUPATION (Give kind of work don during most of working life, even if retired) 13. FATHER'S NAME	WIDOWED DIVORCED DIVO	11. BIRTHPLACE (County & Store, o Talbot Na. 14. MOTHER'S MAIDEN NAME	r foreign country) 12 §	JIZEN OF WHAT	
Thomas Sand, In. 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give war or date)		Helen Cole FORMANT homas Sard; Ea	Address ston, Md.		
Conditions, if ony, which gove	Marchael has	elastosis xonchitis		INTERVAL BETWEEN ONSET AND DEATH	
200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH VIE STREED, NOTICE MEDICAL EYAMMARD	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 20b DESCRIBE HOW INJURY OCCURRED (I			19 WAS A TOPSY PERFORMED? YES NO	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m p.m.	While - Not While - focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		(Stote) (Stote)	
saw the deceased pliyer on 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type)	saw the deceased player on the date stated above. 220 SIGNATURE M. ATTENDING MED ATTENDING MED DIRECTOR STAFF ATTENDING DIRECTOR PHYS ATTENDING 220 DATE SIGNED 221 DATE SIGNED 222 DATE SIGNED 222 DATE SIGNED 223 DATE SIGNED 224 ADDRESS				
230. BURIAL, CREMATION, REMOVAL (Specify) 4/4,	HEREOF 23c. NAME OF CEMETERY OR C 1967 Woodlaun Nem	orial Park E	LOCATION (City or Town) aston, Ad. ISTRAR 25b. REGISTRARS	(County) (Stote)	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05812 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH o COUNTY_ 6 c CTY OR TOWN (If outside corporate imits, write RURAL and give nearest town) affer death. MARY, AND and 3 Department b C TY OR TOWN (If outside carparate imits c LENGTH OF STAY IN 16 write RURAL and give negrest town) MICHAELS MUH d STREET ADDRESS NSTITUTION (If not in haspital, give street address) IS RESIDENC ON A FARM hours CHESTNUT ST ote YES 3 NAME OF Midd € 4 DATE DECEASED OF S. SEX 7 MARRIED lost birthdov) Months Oct. 30, 1950 WIDOWED DIVORCED 100 LS_ALOCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages I 13. FATHER'S NAME Fle ond INFORMANT 16 SOCIAL SECURITY NO removal. MRS. LEO. O. SCHULTZ ST. MICHAELS 18 CAUSE OF DEATH (Enter only one couse per line ONSET AND DEATH PART I DEATH WAS CAUSED BY õ MMEDIATE CAUSE (b) cremotion, e, writing the word forwarded to the Cl DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS'
PERFORMED? NO YES 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of niury in Port 1 or Port 1 of item 18.) ogent, prior PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20c TIME OF INJURY Month Day Year 20e PLACE OF INJURY (Home form. (City or town) (County) (Stote) TO FUNERAL DIRECTOR: Page 3 Health or its designated agen foctopy, street, office bidg , etc.) of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🔀 Inquity ond in my opinion Accident . Surcide . death resulted from: Notural causes Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAM NER **EXAMINER'S** NAME (Type) Address (Street, city town, or county) BURIAL CREMATION. DATE THEREOF 23d LOCAT ON (City or Town) SPRINGHILLEMETER VR A15ME (5) Menera Vecker

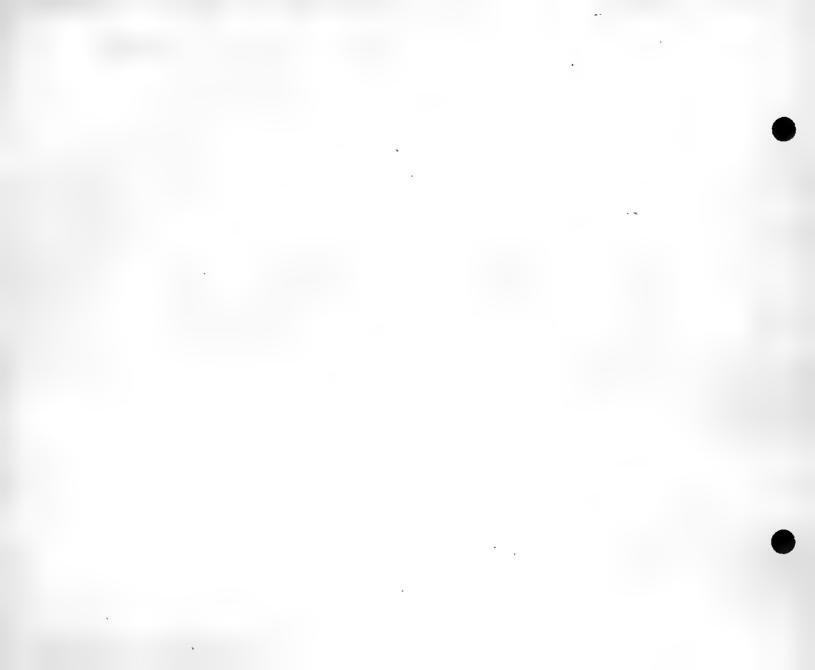
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05813 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If garlaide corporate limits, write RURAL and give nearest town) ely filled in by th bon papers. Pag. , within 72 haurs c write RURAL and give neopest flown CE IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS \times \times NO X NAME OF Middle DATE First Lost DOY DECEASED (Type or print) DEATH 5 SEX COLOR 8. DATE OF BIRTH 9 AGE (In years IF JNDER I YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Doy5 Hours WIDOWED DIVORCED and in any 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) INDUSTRY during most of working life, even if retired) **COUNTRY?** physician CRCHA 13. FATHER'S NAME cremation, or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), PART) DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) 1001 DUE TO buriol Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse prior to l WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (Stote) (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) While Not While of work of work 21 | certify that (1) (this haspital) attended the deceased fram. deceased fram 1967, that (1) (we) last 1967, and that death accurred at 223 M, fram causes and on the date stated above. Page 4 may be retained saw the deceased alive an 20 afer TO FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED ATTENDING M D PHYS DIRECTOR PHYS director, poge should be filed 22d ADDRESS 22c PHYSICIAN'S HARRISTN NAME (Type) IMURSTON 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION DATE THEREOF ((county) (Stote) HURC 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



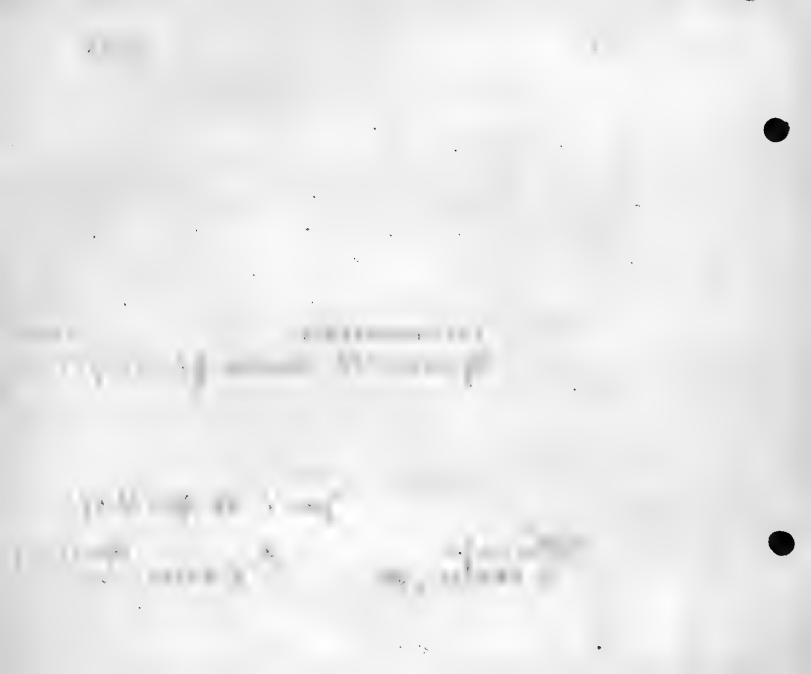
1	1	95814 MARYLAND STATE DI MARYLAND STATE DI MARYLAND STATE DI MARYLAND RECORDS, 30	EPARTMENT OF HEALTH OF W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE/	1	DOA 1015/pm MEDICAL EXAMINER'S	and the artist of	12
HEALTH DEPT	ī	PLACE OF DEATH COUNTY TAIBOT MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE DECOUNTY)	idence before admission)
f city delay is 1, 2, and 3 to m PM3. Page Department of its after death.		b CITY OR TOWN (If outside corporate in ts. c LENGTH OF STAY IN 16 write RURAL and give nearest town)	C CITY OR TOWN (If Guitside corporate mits write RURAL and DENTICH, MD	-
Poges 1, 2 Poges 1, 2 Fith form State Dep		MEMORIAL HUSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e S RESIDENCE ON A FARM? YES NO K
d within 24 haurs after death If in pencl in Item 18 Give Poges 1, Examiner's Office along with form File pages land 2 with the State De and in ony event with the State De and in ony event		NAME OF DECEASED (Type or pnnt) SEX 6 COLOR OR RACE 7 MARRIED OF NEVER MA	Lost 4. DATE Month OF DEATH	Doy Year 1967 DER 1 YEAR 1F UNDER 24 HRS.
haurs afti Item 18 G Office olor Iond 2 with event with		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED USUAL OCCUPATION (G ve kind of work done) 100 KIND OF BUSINESS OR	3/12/20 lost birthdoy) Month	
thin 24 haurs encl in Item 18 miner's Office of pages Tond 2 v in ony event	du	INDUSTRY FATHER S NAME	MORY LAW V	13 PH 182
within n pencl Examine File page	L	ROWARD D. THOMPS FN.		ICHOLS
be executed "pending" in hief Medicol I ansit permit. I			MOKGARET THOMPSON	DENTON INTERVAL BETWEEN
pe e e ief ief nsit		PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Acute Tyocardia	al Inferction	ONSET AND DEATH
s certificate should I e, writing the word forwarded to the Ch used as a burial-tra		conditions, if only, which gave his to immediate couse (a), Our To		?5 yrs
This certificate cote, writing the be forwarded to be used as a k r to burial, cren		lost (c) Generalized arte		19 WAS AUTOPSY PERFORMED?
This ce tote, was forward for to be use	CERTIFICATION	nobe to .y Fnowlddge	(Enter noture of injury in Port I or Port II of item IB)	YES NO E
GER: This certificate, ould be for les. should be u	AL CERTI	PRIMARY □ OF CONTRIBUTING □ CAUSE OF DEATH.		(State) (State)
EXAMINER: ute the cert oge 4 should your files. Poge 3 should	MEDICAL	Hour a.m. 19 While Not While of work of work	ctory, street, office bldg., etc.)	
MESTAL EXA please execute director. Page etained for ya DIRECTOR: Page 15 designated of		21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident	icide 🔲, Hamıcide 🔲, Undetermined manner	
		SIGNATURE COME DE TUMBE	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER AT THE ARY LAR	22. DATE SIGNED 4/11/67
O DEPUTY necessary, the funeral 5 may be 0 FUNERAL Health or i	23	EXAMINER'S "arold B. plummer M.D. O'ABUR AL CREMATION 23b pate thereof 23c NAME of CEMETERY OR	Address (Street, city, town, or county PT BUOT	(County) A A (State)
5 = = 2 =		A FUNE AL CREMATION, 23% DATE THEREOF GC 23% NAME OF CEMETERY OR THE STATE OF CEMETERY OR CONTROL OF CONTROL OF CEMETERY OR CONTROL OF CEMETERY OR CONTROL OF CONTROL OF CONTROL OF CEMETERY OR CONTROL OR CONTROL OF CEMETERY OR CONTROL OF CEMETERY OR CONTROL OF CONTROL OF CEMETERY OR CONTROL OF CON	TON DENTON	7 (M)
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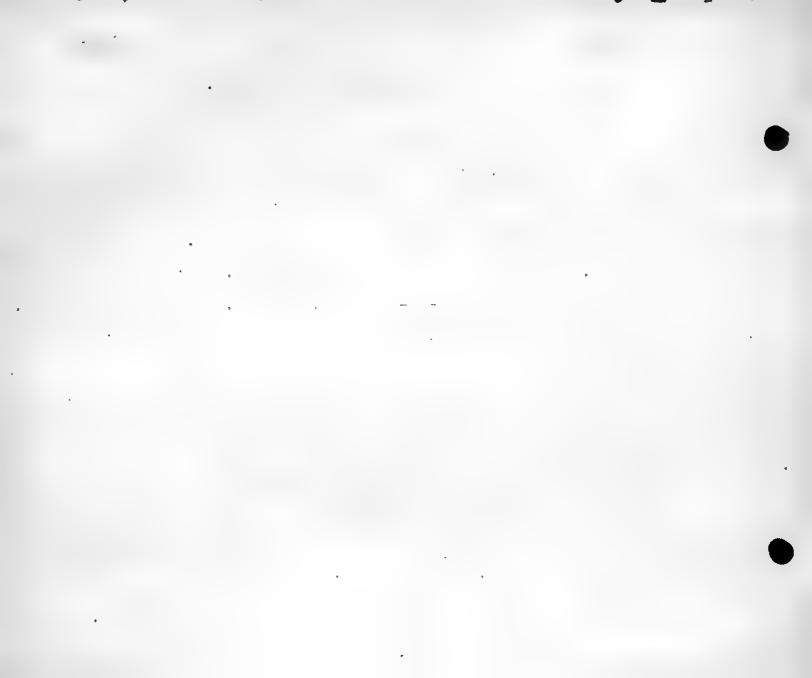


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 05815 CERTIFICATE OF DEATH funeral and 2 death. after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. CDUNTY **MARYLAND** b. CITY DR TOWN (if outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours aston E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? 412 Arbon Place ND C YES executed within NAME OF First Last DATE Day Middle Month Year DECEASED OF DEATH (Type or print) 19 event ■vome 6. CDLDR DR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days WIDOWED DIVORCED [VIS. 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN DF WHAT ysician plemse r 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) CDUNTAY death certificate be INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN NAME The Tremoval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes, no, or unknwn) (If yes pive war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/ INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed as the burial-tr DUE TO Conditions, If any, which peen gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI YES T ND T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, (State) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 19 ъ 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DINECTOR: age 3 should iled with the saw the deceased alive on? and that death occurred at_ A.M. from the causes and on the date stated above. DATE SIGNED STAFF -DIRECTOR PHYS. M.D. MUNERAL pa 军 22c/7 PHYSICIAN'S TO MUNERAL director, p should be 1 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY DR CREMATORY LDCATION (City, town or county) (State) REMOVAL (Specify) Fort Lincoln remation REC'D BY REGISTRAR R 1 3 1967 ADDRESS FUNERAL DIRECTOR VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death funeral hours after death, PLACE OF DEATH USUAL RESIGENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY. **MARYLAND** ALBO b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Paga in 72 hours write BURAL and give nearest town) = d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street/aldress filled d. STREET ADDRESS IS RESIDENCE DN A FARM? Within ND P YES executed within and completely remove carbon completely NAME OF GATE Month Oav Year **GECEASED** GF DEATH (Type or print) 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIEO last birthday) any Months Days Hours WIDOWED DIVORCED # 10 10a. USUAL DCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician law requires that the death certificate be during most of working life, even if retired) COUNTRY? EFER ᆿ 13. FATHER'S NAME MDTHER'S MAIDEN NAME attending phermit. Then 14. removal 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. transit permit. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or dates of service) the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN signed by urial-transi ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. CINOMA M O been s. 'he buria', c DUE TD Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY nse for use Health PERFORMEO? certificate the hospital or NO X YES 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) of tached 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MEDI Hour a.m. While Not While p.m. 19 at work at work should ith the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that Weath occurred at 3 saw the deceased alive on. M, from the causes and on the date stated above. SIGNATURE DATE SIGNED pe page filed ATTENOING M.D. PHYS DIRECTOR PHYS. TO HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) BURIAL CREMATION, 23b. DATE THEREOF 23a. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City. town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTOR ADDRESS REC'O BY REGISTRAR 25b. VR A15 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05818 05816 CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 1h CITY OR TOWN outside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town d. SHEADADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) S. LUAShincTon YES NO I NAME OF First. 4. DATE Day Year DECEASED Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed IF UNDER 24 HR 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last, birthdoy) Months Dovs Haurs WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT daying most of warking life, even if retired) Baushore Foods. Inc. Maruland Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME

Couth Burrows Tilton Harrison 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, ng, ar unknawn) (If yes give war ar dotes of service Mrs. Jean W. Kleppinger, Easton. no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause the last. S WAS AUTOPSY PERFORMED? 105 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO certificate 20g. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) by the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) While Not While TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) attended the deceased fram 19___, that (I) (we) las I fram______, 19____, ta_____, 19____, that (I) (we) last and that death accurred at _____, M, from causes and on the date stated above saw the deceased alive on, 22a. SIGNATURE DIRECTOR M.D. PHYS. director, page should be filed Easton, O HOSPITAL 22c. PHYSICIAN'S Robert W. Trever Maryland 4/10/67 NAME (Type) 234 NAME OF CEMETERY OR CREMATORY Spring Hill 23b. DATE THEREOF 23d. LOCATION (City of Town) (County) (Stote) REMOVAL (Specify) aston Ild. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Muncaylen



to FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. s after TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

US819 CERTIFICATE OF DEATH US817
1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY / abot MARYLAND
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Tilghman
d. NAME OF HOSPITAL OR INSTITUTION (If pot in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? YES \(\sum \) ND \(\sum \)
3. NAME OF DECEASED (Type or print) Quille Laura Last Last 4. DATE Month 8 Day Year 1967
5. SEX Female 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 14 PAR 15 UNDER 14 PAR 16 UNDER 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or fereign country) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? Hanford Maryland
John Lilly 14. MOTHER'S MAIDEN NAME Caroline Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 220-52-8870 Mrs. Carrie James, Tilghman, Nd.
18. CAUSE DF DEATH [Enter only one cause page the for (3/0), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY
PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) By Chntributing Cause of Death (IF Either, NOTIFY MEDICAL EXAMINER)
20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) While at work 19 Not While at work 20f. (City or town) (County) (State)
21. certify that (I) (this hospital) attended the deceased from
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 4/11/1967 Methodist (enetery Tilghman, Nd. 24. FUNERAL DIRECTOR (25a. REC'D BY REGISTRAR'S SIGNATURE)
M. E. Mumour Son. 400 5 Hausen DAAPR 13 1967 y Charles Judge

VR AI5 (4) (20M 1/65

